

eWell Permitting and Reporting System Application Manual

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1. INTRODUCTION TO THE eWELL SYSTEM

System Overview

The eWell Permitting and Reporting System (eWell System) is a comprehensive Internet permitting and reporting system for collecting information concerning well operations for each wellbore and well completion. This includes permits needed before drilling and other well operations can take place and reports containing data and information provided at certain times during and after operations on a wellbore. The data collected are in the interest of resource evaluation, waste prevention, conservation of natural resources, and protection of correlative rights, safety, and the environment. Once the data are collected, the eWell System has a built-in review process that allows MMS to approve/disapprove the information submitted.

The eWell System uses the latest technology to provide lessees and operators with a means to submit and retrieve well data and information via the Internet; provide secure web input and file transfer; eliminate data redundancy by showing the data and information MMS already has collected on a wellbore; and offer a means by which lessees and operators provide only the data and information that the MMS needs and does not yet have.

Purpose of This Manual

The purpose of this manual is to provide the needed information guidance for obtaining access to the eWell System to submit information related to permitting or the operation of a well. Forms and instructions are provided as appendices. To gain access to the system, the user needs to determine the appropriate user type, read the disclaimer, follow the process outlined for the user type, and have an eWell administrator grant the proper access to the system.

Several other topics about user ID's and general operations of the eWell System are discussed in this document.

Process for Accessing the eWell System

There is a two-step process to grant a person access to the eWell System. First, the user must submit paper applications to request a user ID. With a user ID, a person can sign on to the system, but can do nothing else. Second, the company eWell administrator for the user needs to grant the user the appropriate access to the eWell System data and functions.

2. eWELL SYSTEM USER TYPES

The four types of eWell System users are company administrators, company users, agent administrators, and agent users.

Company Administrator

A company administrator is a company employee assigned to administer the eWell entitlement rights for a company in the eWell System. Company administrator duties include reviewing user request forms for completeness and submitting them to MMS; maintaining entitlement groups of leases, wells, and users; and entitling groups of users to perform various functions on groups of leases or wells. To become a company administrator, a person needs to complete the eWell Administrator Request form (see Appendix B).

Company User

A company user is a company employee who completes the eWell System forms and submits them to MMS for the company. To become a company user, this person needs to complete the eWell User Request form (see Appendix A).

Agent Administrator

An agent administrator is a person assigned by a company to administer the eWell System entitlement rights on behalf of that company in the eWell System. Agent administrator duties include reviewing user request forms for completeness and submitting them to MMS; maintaining entitlement groups of leases, wells, and users; and entitling groups of users to perform various functions on groups of leases or wells. To become an agent administrator, a person needs to complete the eWell Administrator Request form (see Appendix B).

Agent User

An agent user is a person assigned by a company to complete eWell forms for that company and send them to MMS for the company. To become an agent user, a person needs to complete an eWell Agent Request form (see Appendix C).

3. eWELL SYSTEM ACCOUNT APPLICATION PROCESS

To apply for an eWell System account, follow the procedures listed below, depending on the type of user account needed.

Company Administrator

1. The company administrator completes the eWell Administrator Request form (see Appendix B) and sends it to the company representative who has signature authority with MMS.
2. The company representative signs, lists the companies that the administrator needs access to, and mails the form to MMS Office of Information Technology Services (OITS):
 Gregg Triche
 1201 Elmwood Park Blvd.
 MS 5040
 New Orleans, LA 70123-2394
3. OITS notifies the company administrator that the user ID has been created.
4. The company administrator signs on and changes the password.

Company User

1. The company user completes the eWell User Request form (see Appendix A).
2. The company representative signs, lists the companies that the user needs access to, and mails the form to MMS OITS:
 Gregg Triche
 1201 Elmwood Park Blvd.
 MS 5040
 New Orleans, LA 70123-2394
3. OITS notifies the company user and company administrator that the user ID has been created.
4. The company user signs on and changes the password.

Agent Administrator

1. The agent administrator completes the eWell Administrator Request form (see Appendix B) and sends it to the company representative who has signature authority with MMS for the company for which the agent administrator needs access.
2. The company representative signs the agreement, lists the companies that the agent administrator needs access to, and mails the form to MMS OITS:
 Gregg Triche
 1201 Elmwood Park Blvd.
 MS 5040
 New Orleans, LA 70123-2394
3. OITS notifies the agent administrator that the user ID has been created.
4. The agent administrator signs on and changes the password.

Agent User

1. The agent user completes the eWell User Request form (see Appendix A) and sends it to the company representative who has signature authority with MMS for the company for which the user needs access.
2. The company representative signs the agreement, lists the companies that the user needs access to, and mails the form to MMS OITS:
 Gregg Triche
 1201 Elmwood Park Blvd.
 MS 5040
 New Orleans, LA 70123-2394
3. OITS notifies the agent user, the agent administrator, and the principal company administrator that the user ID has been created.
4. The agent user signs on and changes the password.

4. HOW TO

Obtain Access to a New Company for an Existing eWell User ID

Company users need to fill out the eWell User Request form and check the “New Company” box. Agent users need to fill out the eWell Agent User Request form. The user ID for the person wanting access to the company data must be included. From this point, the process flow is the same as for company users and agent users to complete the account application process.

Change an eWell Password

For a user to change a password, the person must call the MMS help desk by telephone at 1-866-EGOV-MMS or send an e-mail at ommgomoitshelpdesk@mms.gov to ask for a new password. The person must answer a question with the correct answer. Then the password is changed. The new password will be sent by certified mail to the user. Once the user signs on with the new password, the user changes the password.

Terminate a User

Before a user can be terminated, the company administrator needs to eliminate the user from all user groups in the eWell Entitlements system. The company administrator then completes a eWell User Request form and checks the Delete User box. Sign the form and mail it to OITS at the following address:

Greg Triche
 1201 Elmwood Park Blvd.
 MS 5040
 New Orleans, LA 70123-2394

Once the form is received, OITS will terminate the user ID and notify the company administrator that the user ID has been deleted.

Unlock a User ID

If a user ID is locked, a user notifies the help desk by telephone at 1-866-EGOV-MMS or by e-mail at ommgomoihelpdesk@mms.gov, and the MMS administrator unlocks the account for the user and notifies the company administrator.

Report a Problem to the MMS Help Desk

Help desk hours are 7:30 a.m. to 4:30 p.m., Monday through Friday. A user can call the OITS help desk at 1-866-EGOV-MMS during these hours, and a help desk ticket will be generated and routed to the appropriate person. After hours, the user can either send an e-mail to the help desk at ommgomoihelpdesk@mms.gov or leave a message on the help desk telephone line, and a help desk ticket will be generated the next day. The MMS Information Technology Division (ITD) will assign a member from the eWell team to the OITS help desk to resolve any software problems. Help desk problems will be resolved during the regular working hours of the person assigned for the month. The telephone number and e-mail address for the help desk will be included on the eWell Welcome page as well as in the eWell system help.

5. USER ID'S AND PASSWORDS

Make sure that your User ID's and passwords follow the MMS user ID and password standards listed below. Every three months, a user must change his or her eWell System password. If a user ID has not been used within the last six months, the user ID will be locked, and the company administrator will be notified.

Make sure that your passwords adhere to the following standards:

1. They must be 12 characters long.
2. They must contain at least one character from three of the four following groups:
 - a. English upper case letters (A, B, C, ...)
 - b. English lower case letters (a, b, c, ...)
 - c. Westernized Arabic numerals (0 through 9)
 - d. Special characters (i.e., ! @ # \$ % & * ? { } | : " < > ? [] \ ; ' , . / ...)
3. They must not contain a user name or any portion of a full name.
4. They must not contain "dictionary" words (words that can be found in an English, French, German, or Spanish language dictionary).

APPENDIX A

eWELL USER REQUEST FORM AND INSTRUCTIONS

NOTE: This form has two sides. Make sure that you print it on the front and back of one sheet of paper.

ITEM	DESCRIPTION
Front Side	
USER INFORMATION: New User	Check this box when the user does not have a user ID in the eWell system.
USER INFORMATION: New Company	Check this box when the user has a user ID and wants access to a new company.
USER INFORMATION: Delete User	Check this box to delete the user from the system. MMS will accept notice of deleted users only from the company administrator. The administrator must drop the user from all entitlements before sending in the form.
Name	Enter the name of the user who wants access to the eWell system. The first name, MI, and last name are required fields.
Title	Enter the company title of the person requesting access to the eWell system.
Address	Enter the company mailing address for person requesting access to the eWell system. This address will be used to correspond with the user.
Phone Number and Fax Number	Enter the numbers for the user who wants access to the eWell system.
E-mail Address	Enter the e-mail address of the person requesting access to the eWell system. This address will be used to correspond with the user and is a required field.
Identity Verification Questions	Answer one of the questions. When the user calls the MMS help desk, this information will be used to verify the caller's identity before any problem can be addressed.
Consent	Check this box. This verifies that the user has read the certifications and agrees with them.
Signature and Date	The user needs to sign and date the form.
Back Side	
MMS Company Number and Name	Enter the companies to which the user needs access and for which the signer has signature authority. MMS will verify the signature for each company before granting the user access to the company. If a company is listed for which the signer does not have signature authority, the whole form will be returned and no action will be taken.
Representative Name	Enter the name of the person with MMS signature authority. This person's name must match the name on the MMS Qualification File for the company.
Representative Title	Enter the title of the person listed for Representative Name. The title must match the title on the MMS Qualification File.
Representative Signature	The signature authority block must be filled out to receive a new user ID or access to a new company. The person with MMS signature authority must sign and date the form.

U.S. Department of the Interior
Minerals Management Service
eWell User Request Form

USER INFORMATION: ☐ New User ☐ New Company ☐ Delete User

Name: _____
Prefix First MI Last Suffix User ID

Title: _____

Address: Company Name: _____
Division: _____
Street: _____
City: _____ State: _____ ZIP: _____ Country: _____

Phone Number Fax Number E-mail Address

Company eWell Administrator Company eWell Administrator Company eWell Administrator
Name Phone Number E-mail Address

IDENTITY VERIFICATION QUESTIONS
(Please answer one of the following)

Name of Childhood Pet: _____ Favorite Color: _____

4 Digit Month and Day of Birth: _____
(e.g., May 24 is 0524)

CERTIFICATION

1. I understand that using the MMS eWell system means I will be using MMS's Computer Systems, Electronic Mail, Internet connections and associated equipment, software, and data. These resources are to be used for official government business only and in conjunction with Department of the Interior and MMS policies. Law prohibits any other use of these items (section 841, 18 USC). Violations of the law can result in loss of eWell access.
2. If I am aware of a security breach (password sharing, hacking), I will immediately notify the company eWell administrator.
3. I will select my own password and I will NOT share my password or User ID with anyone. If I no longer need access to the eWell system for any reason, I will contact the company eWell administrator to notify them to delete my User ID from the system.
4. I will handle sensitive data appropriately and understand that this information is not to be exchanged, divulged, or otherwise compromised in any way unless necessary for official government business. I agree not to disclose information covered by the Privacy Act to unauthorized personnel.
5. I have read the eWell disclaimer and agree to the conditions specified in the document.

☐ I consent and will adhere to the above conditions.

User Signature: _____ Date: _____

List all companies that user will submit data for. These must be companies for which you have MMS signature authority.

MMS Company Number

Company Name

(as entered on MMS Qualification File)

Representative Name:

(print)

Representative Title:

**Representative
Signature:**

Date:

APPENDIX B

eWELL ADMINISTRATOR REQUEST FORM AND INSTRUCTIONS

NOTE: This form has two sides. Make sure that you print it on the front and back of one sheet of paper.

ITEM	DESCRIPTION
Front Side	
USER INFORMATION: New Administrator	Check this box when the user does not have a user ID in the eWell system.
USER INFORMATION: New Company	Check this box when the user has a user ID and wants access to a new company.
USER INFORMATION: Delete Administrator	Check this box to delete the user from the system. MMS will accept notice of deleted users only from the company administrator. The administrator must drop all entitlements before sending in the form.
Name	Enter the name of the user who wants access to the eWell system. The first name, MI, and last name are required fields.
Title	Enter the company title of the person requesting access to the eWell system.
Address	Enter the company mailing address for person requesting access to the eWell system. This address will be used to correspond with the user.
Phone Number and Fax Number	Enter the numbers for the user who wants access to the eWell system.
E-mail Address	Enter the e-mail address of the person requesting access to the eWell system. This address will be used to correspond with the user and is a required field.
Identity Verification Questions	Answer one of the questions. When the user calls the MMS help desk, this information will be used to verify the caller's identity before any problem can be addressed.
Consent	Check this box. This verifies that the user has read the certifications and agrees with them.
Signature and Date	The user needs to sign and date the form.
Back Side	
MMS Company Number and Name	Enter the companies to which the user needs access and for which the signer has signature authority. MMS will verify the signature for each company before granting the user access to the company. If a company is listed for which the signer does not have signature authority, the whole form will be returned and no action will be taken.
Entitlement Authorization	Initial to allow the user to act as an administrator.
Representative Name	Enter the name of the person with MMS signature authority. This person's name must match the name on the MMS Qualification File for the company.
Representative Title	Enter the title of the person listed for Representative Name. The title must match the title on the MMS Qualification File.
Representative Signature	The person with MMS signature authority must sign and date the form.

U.S. Department of the Interior
Minerals Management Service
eWell Administrator Request Form

USER INFORMATION: ☐ New Administrator ☐ New Company ☐ Delete Administrator

Name: _____
 Prefix First MI Last Suffix User ID

Title: _____

Address: Company Name: _____

Division: _____

Street: _____

City: _____ State: _____ ZIP: _____ Country: _____

Phone Number Fax Number E-mail Address

IDENTITY VERIFICATION QUESTIONS
(Please answer one of the following)

Name of Childhood Pet: _____ Favorite Color: _____

4 Digit Month and Day of Birth: _____
 (e.g., May 24 is 0524)

CERTIFICATION

1. I understand that using the MMS eWell system means I will be using MMS's Computer Systems, Electronic Mail, Internet connections and associated equipment, software, and data. These resources are to be used for official government business only and in conjunction with Department of the Interior and MMS policies. Law prohibits any other use of these items (section 641, 18 USC). Violations of the law can result in loss of eWell access.
2. If I am aware of a security breach (password sharing, hacking), I will immediately notify the company eWell administrator.
3. I will select my own password and I will NOT share my password or User ID with anyone. If I no longer need access to the eWell system for any reason, I will contact the company eWell administrator to notify them to delete my User ID from the system.
4. I will handle sensitive data appropriately and understand that this information is not to be exchanged, divulged, or otherwise compromised in any way unless necessary for official government business. I agree not to disclose information covered by the Privacy Act to unauthorized personnel.
5. I have read the eWell disclaimer and agree to the conditions specified in the document.

☐ **I consent and will adhere to the above conditions.**

User Signature: _____ Date: _____

List all companies that user will submit data for. These must be companies for which you have MMS signature authority.

MMS Company Number

Company Name

(as entered on MMS Qualification File)

ENTITLEMENT AUTHORIZATION
(Please initial)

_____ I assign this user as a company eWell administrator. As an administrator, the user will have full access to all company data stored in the MMS eWell database. The user will be responsible for granting entitlements (read, write, update) to company data stored in the MMS eWell database for other company users and agents.

Representative Name: _____
(print)

Representative Title: _____

Representative Signature: _____ Date: _____

APPENDIX C

eWELL AGENT USER REQUEST FORM AND INSTRUCTIONS

NOTE: This form has two sides. Make sure that you print it on the front and back of one sheet of paper.

ITEM	DESCRIPTION
Front Side	
USER INFORMATION: New User	Check this box when the user does not have a user ID in the eWell system.
USER INFORMATION: New Company	Check this box when the user has a user ID and wants access to a new company.
USER INFORMATION: Delete User	Check this box to delete the user from the system. MMS will accept notice of deleted users only from the company administrator. The administrator must drop the user from all entitlements before sending in the form.
Name	Enter the name of the user who wants access to the eWell system. The first name, MI, and last name are required fields.
Title	Enter the company title of the person requesting access to the eWell system.
Address	Enter the company mailing address for person requesting access to the eWell system. This address will be used to correspond with the user.
Phone Number and Fax Number	Enter the numbers for the user who wants access to the eWell system.
E-mail Address	Enter the e-mail address of the person requesting access to the eWell system. This address will be used to correspond with the user and is a required field.
Identity Verification Questions	Answer one of the questions. When the user calls the MMS help desk, this information will be used to verify the caller's identity before any problem can be addressed.
Consent	Check this box. This verifies that the user has read the certifications and agrees with them.
Signature and Date	The user needs to sign and date the form.
Back Side	
MMS Company Number and Name	Enter the companies to which the user needs access and for which the signer has signature authority. MMS will verify the signature for each company before granting the user access to the company. If a company is listed for which the signer does not have signature authority, the whole form will be returned and no action will be taken.
Access Authorization	Initial to allow the user to act as an agent for the company for which the signer has MMS signature authority.
Representative Name	Enter the name of the person with MMS signature authority. This person's name must match the name on the MMS Qualification File for the company.
Representative Title	Enter the title of the person listed for Representative Name. The title must match the title on the MMS Qualification File.
Representative Signature	The person with MMS signature authority must sign and date the form.

U.S. Department of the Interior
Minerals Management Service
eWell Agent User Request Form

USER INFORMATION: ☐ New User ☐ New Company ☐ Delete User

Name: _____
Prefix First MI Last Suffix User ID

Title: _____

Address: Company Name: _____

Division: _____

Street: _____

City: _____ State: _____ ZIP: _____ Country: _____

Phone Number Fax Number E-mail Address

Company eWell Administrator
Name

Company eWell Administrator
Phone Number

Company eWell Administrator
E-mail Address

IDENTITY VERIFICATION QUESTIONS
(Please answer one of the following)

Name of Childhood Pet: _____ Favorite Color: _____

4 Digit Month and Day of Birth: _____
(e.g., May 24 is 0524)

CERTIFICATION

1. I understand that using the MMS eWell system means I will be using MMS's Computer Systems, Electronic Mail, Internet connections and associated equipment, software, and data. These resources are to be used for official government business only and in conjunction with Department of the Interior and MMS policies. Law prohibits any other use of these items (section 641, 18 USC). Violations of the law can result in loss of eWell access.
2. If I am aware of a security breach (password sharing, hacking), I will immediately notify the company eWell administrator.
3. I will select my own password and I will NOT share my password or User ID with anyone. If I no longer need access to the eWell system for any reason, I will contact the company eWell administrator to notify them to delete my User ID from the system.
4. I will handle sensitive data appropriately and understand that this information is not to be exchanged, divulged, or otherwise compromised in any way unless necessary for official government business. I agree not to disclose information covered by the Privacy Act to unauthorized personnel.
5. I have read the eWell disclaimer and agree to the conditions specified in the document.

☐ **I consent and will adhere to the above conditions.**

User Signature: _____

Date: _____

List all companies that user will submit data for. These must be companies for which you have MMS signature authority.

MMS Company Number

Company Name

(as entered on MMS Qualification File)

ACCESS AUTHORIZATION

(Please initial)

_____ I authorize this user as an **agent user** who has access to the company's data based on entitlements granted by the company's eWell administrator or by the agent company's eWell administrator.

Representative Name: _____

(print)

Representative Title: _____

Representative
Signature: _____

Date: _____

APPENDIX D

eWELL SYSTEM DISCLAIMER

Security

MMS, as developer and manager of the eWell System website, has taken several steps to safeguard the integrity of its telecommunications and computing infrastructure, including but not limited to authentication, monitoring, auditing, and encryption. Security measures have been integrated into the design, implementation, and day-to-day practices of the entire operating environment as part of the MMS' continuing commitment to risk management. This information should not be construed in any way as giving business, legal, or other advice, or warranting as fail-proof the security of information provided via the website.

Information presented and collected on this website is shared between MMS and the company or agent users submitting the data. Restrictions have been put in place to maximize the security of the data. All information collected will be used only for the purposes for which it was provided and will not be shared with another entity except as prescribed by law. The non-proprietary data submitted will be made available in the MMS Public Information Office. While MMS makes every effort to provide accurate and complete information, we provide no warranty, expressed or implied, as to the accuracy, reliability or completeness of furnished data.

For site security purposes and to ensure that this service remains available to all users, this Government computer system employs software programs to monitor network traffic to identify unauthorized attempts to upload or change information, or otherwise cause damage. Unauthorized attempts to upload information or change information on this website are strictly prohibited and may be punishable under the Computer Fraud and Abuse Act of 1986 and the National Information Infrastructure Protection Act. Information may also be used for authorized law enforcement investigations.

What Happens to Information You Submit to Us?

The information you submit to us will be transmitted through secure lines to our departmental database. Any private information will only be used for the purposes for which it was provided and will not be shared with another entity except as prescribed by law.

Cookies

This website uses session cookies only. The site will not store a permanent cookie on your computer. The session cookie is used to store a randomly generated identifying temporary tag on your computer and is stored in memory only.

Personally Identifiable Information

You may choose to provide us with personal information, as in e-mail with a comment or question. We use the information to improve our service to you or to respond to your request. MMS will not distribute the e-mail address for any reason except to respond to your request.